

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 DEC -3 AM 11:46

Office Use Only

12FE4M5
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

P.O. BOX 3263

Check if different than previously reported. (ACC)

NAPA CA 94558-2501

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00455659

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on 11 / 04 / 2014 in the State of CA

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on _____ in the State of _____

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOSEPH BLEVINS

Signature of Treasurer

Joseph Blevins

Date

11 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period:

From:

10 / 01 / 2014

To:

10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		3279.00
(b) Cash on Hand at Beginning of Reporting Period.....	4082.00	
(c) Total Receipts (from Line 19).....	210.00	1769.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4292.00	5048.00
7. Total Disbursements (from Line 31).....	1233.00	1989.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3059.00	3059.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: ^{M M' D D' Y Y Y Y} 10 01 2014 To: ^{M M' D D' Y Y Y Y} 10 15 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	, 0.00	, 0.00
(ii) Unitemized.....	, 210.00	, 1,769.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 210.00	, 1,769.00
(b) Political Party Committees.....	, 0.	, 0.
(c) Other Political Committees (such as PACs).....	, 0.	, 0.
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	, 210.00	, 1,769.00
12. Transfers From Affiliated/Other Party Committees.....	, 0.	, 0.
13. All Loans Received.....	, 0.	, 0.
14. Loan Repayments Received.....	, 0.	, 0.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	, 0.	, 0.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	, 0.	, 0.
17. Other Federal Receipts (Dividends, Interest, etc.).....	, 0.	, 0.
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, 0.	, 0.
(b) Levin Funds (from Schedule H5).....	, 0.	, 0.
(c) Total Transfers (add 18(a) and 18(b))..	, 0.	, 0.
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, 210.00	, 1,769.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 210.00	, 1,769.00

FROM: UNIT: 44110

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
21. Operating Expenditures:				
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	,	1,113.00	,	1,869.00
(ii) Non-Federal Share	,	0	,	0
(b) Other Federal Operating Expenditures	,	0	,	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶	1,113.00	,	1,869.00
22. Transfers to Affiliated/Other Party Committees	,	0	,	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	,	0	,	0
24. Independent Expenditures (use Schedule E)	,	0	,	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	,	0	,	0
26. Loan Repayments Made	,	0	,	0
27. Loans Made	,	0	,	0
28. Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	,	1,20.00	,	1,20.00
(b) Political Party Committees	,	0	,	0
(c) Other Political Committees (such as PACs)	,	0	,	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	▶	1,20.00	,	1,20.00
29. Other Disbursements	,	0	,	0
30. Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	,	0	,	0
(ii) "Levin" Share	,	0	,	0
(b) Federal Election Activity Paid Entirely With Federal Funds	,		,	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	▶	1,233.00	,	1,989.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	,	1,233.00	,	1,989.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	▶	1,233.00	,	1,989.00

FROM LINE 1000

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **6** OF **12**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NIAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A.	Date of Receipt
Mailing Address	<input type="text"/>
City State Zip Code	<input type="text"/>
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
<input type="checkbox"/> C	<input type="text"/>
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼
<input type="checkbox"/>	<input type="text"/>
B.	Date of Receipt
Mailing Address	<input type="text"/>
City State Zip Code	<input type="text"/>
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
<input type="checkbox"/> C	<input type="text"/>
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼
<input type="checkbox"/>	<input type="text"/>
C.	Date of Receipt
Mailing Address	<input type="text"/>
City State Zip Code	<input type="text"/>
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
<input type="checkbox"/> C	<input type="text"/>
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼
<input type="checkbox"/>	<input type="text"/>

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

<input type="text"/>
<input type="text"/>

FROM 11M1 - 41100

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **7** OF **12**

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

<p>A. VENTURA COUNTY REPUBLICAN PARTY</p>		<p>Date of Disbursement 10' 08' 2014</p>
<p>Mailing Address 80 WOOD ROAD STE. 304 A</p>		<p>Amount of Each Disbursement this Period 435.00</p>
<p>City State Zip Code CAMARILLO CA 93010</p>		
<p>Purpose of Disbursement PURCHASE OF ELECTION DOOR HANGERS</p>		
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: CA District: 5</p>		

<p>B. SCHAUPP, CHARLES (NMT)</p>		<p>Date of Disbursement 10' 13' 2014</p>
<p>Mailing Address 17114 YOLO AVE</p>		<p>Amount of Each Disbursement this Period 317.47</p>
<p>City State Zip Code ESPARTO CA 95627</p>		
<p>Purpose of Disbursement FOOD, ETC. FOR FUNDRAISING BBQ</p>		
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: CA District: 5</p>		

<p>C. HANGMAN KEVIN H.</p>		<p>Date of Disbursement 10' 13' 2014</p>
<p>Mailing Address 1138 STATE LANE</p>		<p>Amount of Each Disbursement this Period 349.79</p>
<p>City State Zip Code YOUNTVILLE CA 94599</p>		
<p>Purpose of Disbursement FURNISHINGS FOR BBQ: TABLES CHAIRS DECK</p>		
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: CA District: 5</p>		

<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	1102.26

**SCHEDULE C (FEC Form 3X)
LOANS**

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Mailing Address
	City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

NONE

SUBTOTALS This Period This Page (optional).....▶	[]
TOTALS This Period (last page in this line only).....▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

1304134441

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

9 DF 12

Supplementary for
 Information found on
 Page 1 of Schedule C

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE		FEC IDENTIFICATION NUMBER C 00455659	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:			What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:			What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			

FORM 1-14-11 4442

NONE

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans**

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

1403134-4443

<p>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Outstanding Balance Beginning This Period</p> <p>Amount Incurred This Period</p> <p>Payment This Period</p> <p>Outstanding Balance at Close of This Period</p>	<p>Nature of Debt (Purpose):</p>
<p>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Outstanding Balance Beginning This Period</p> <p>Amount Incurred This Period</p> <p>Payment This Period</p> <p>Outstanding Balance at Close of This Period</p>	<p>Nature of Debt (Purpose):</p>
<p>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Outstanding Balance Beginning This Period</p> <p>Amount Incurred This Period</p> <p>Payment This Period</p> <p>Outstanding Balance at Close of This Period</p>	<p>Nature of Debt (Purpose):</p>

NONE

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE F (FEC Form 3X)
 ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
 POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
 ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
 (2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 12 OF 12
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)
NADA COUNTY REPUBLICAN CENTRAL COMMITTEE

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/>
Mailing Address				Date		Category/Type
City		State		Zip Code		<input type="checkbox"/>
Name of Federal Candidate Supported	Office Sought:	House	State:	Amount		<input type="checkbox"/>
		Senate	District:			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/>
Mailing Address				Date		Category/Type
City		State		Zip Code		<input type="checkbox"/>
Name of Federal Candidate Supported	Office Sought:	House	State:	Amount		<input type="checkbox"/>
		Senate	District:			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/>
Mailing Address				Date		Category/Type
City		State		Zip Code		<input type="checkbox"/>
Name of Federal Candidate Supported	Office Sought:	House	State:	Amount		<input type="checkbox"/>
		Senate	District:			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶						

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

11044-1001-1001

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 12/2/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

12/3/14
DATE PREPARED

11041-1001-0001